



# HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

## HEALTH BENEFITS ELECTION CHANGE FORM

Rev: 1 | Date: 01/03/2019 | Print Date: 01/16/2020

### Attach a Flex Change In Status Form if changing a pre-tax benefit election due to a valid qualifying event.

The Benefits Section must receive this completed form within 30 days from the date of the event (60 days for newborns, newborns adopted/placed for adoption or Certain Special Enrollment Rights). Change requests received after the applicable 30 or 60 day time limit will not be processed.

Return form to: The Benefits Section/Human Resources Department, Address: 100 N Andrews Ave 3rd Floor, Fort Lauderdale, FL 33301  
Phone: 954-828-5160; Fax: 954-828-5328; email: [healthyliving@fortlauderdale.gov](mailto:healthyliving@fortlauderdale.gov)

Employee Last Name (Print)	First Name (Print)	MI	Employee ID Number
Email	Work Phone		Cell Phone

### 1. ☐ **ADD DEPENDENT(S)** (Check one box only) ☐ **CANCEL DEPENDENT(S)**

Qualifying Event (QE) Type \_\_\_\_\_ QE Date \_\_\_\_\_

Comments \_\_\_\_\_

LAST NAME	FIRST NAME	SOCIAL SEC #	Date of Birth MMDDYYYY	Gender M / F	Relationship	Medical	Dental	Vision
Spouse/DP								
Child								
Child								
Child								
Child								

### 2. ☐ **CANCEL PLAN ELECTIONS** - Complete this section only if you wish to **OPT-OUT OF PARTICIPATION IN A BENEFIT PLAN.**

<input type="checkbox"/> MEDICAL PLAN	<input type="checkbox"/> DENTAL PLAN	<input type="checkbox"/> VISION PLAN	<input type="checkbox"/> GROUP TERM LIFE
---------------------------------------	--------------------------------------	--------------------------------------	--

After open enrollment, you may cancel any post-tax benefit plan without a penalty. **If you cancel a pre-tax benefit plan subject to the IRC Section 125 salary reduction provisions, such as medical, dental and vision, you will still be required to pay the employee premium for the remainder of the year.** Once you cancel any benefit plan (pre-tax or post-tax), you may not have another opportunity to re-enroll until the next open enrollment, unless you experience a qualifying family status change and the request is received by the Benefits Section within 30 days from the event (see over for the timeframe to enroll due to newborn/newborn adoption or placement for newborn adoption and Special Enrollment Rights). Your signature below acknowledges that you understand and agree to these conditions.

### 3. ☐ **NAME CHANGE**

From	To	Effective
------	----	-----------

Signature \_\_\_\_\_

Date \_\_\_\_\_



# HUMAN RESOURCES DEPARTMENT – BENEFITS SECTION

## HEALTH BENEFITS ELECTION CHANGE FORM

Rev: 1 | Date: 01/03/2019 | Print Date: 01/16/2020

### USE THIS FORM TO REPORT THE CHANGES LISTED BELOW TO THE INSURANCE CARRIER

For more information, and premium contributions, refer to the online Benefits Handbook or [www.fortlauderdale.gov/benefits](http://www.fortlauderdale.gov/benefits)

1. **Change in Enrollment Level** - Adding or cancelling dependents with a valid family status qualifying event (QE). You must also attach the Flex Change in Status (CIS) form and submit both to the Human Resources Department/Benefits Section within 30 days (60 days for newborns, newborns adopted/placed for adoption or for Special Enrollment Rights due to entitlement/loss of Medicaid/CHIP).
2. **Election to Opt-Out** – If you opt-out or cancel your participation in a benefit plan, you cannot re-apply until the next open enrollment, unless you experience a family status or qualifying event. If you cancel a pre-tax benefit plan subject to the IRC Section 125 salary reduction provisions, such as medical, dental and vision, you may still be required to pay the employee premium (if any) for the remainder of the year.

### General Information

Valid qualifying events (QE) include, but not limited to:

- **Change in your marital status** (marriage or divorce)
- **Change in number of dependents** (birth, newborn adoption/placement for newborn adoption, gain/loss of dependent eligibility, death of dependent)
- **Gain or loss of other group health coverage** (Medicare/Medicaid/FL Kid Care/CHIP expiration of COBRA)
- **Court order**
- **Change in employment status** (beginning/end of employment of a spouse resulting in gain or loss of insurance coverage)
- **Unpaid leave of absence**
- **Change from part-time to full-time employment status or vice versa**

Include evidence supporting the QE, but do not delay submission of your Change in Status (CIS) and Benefit Election Change forms while you gather the documentation. Submit the forms to Employee Benefits and forward your documentation as soon as it becomes available. Your existing elections will be stopped or modified (as appropriate) upon approval of your change request. Generally, mid-year pre-tax election changes are made no earlier than the date of the qualifying event.

### **Loss of Eligibility for Dependent Children Under Age 26**

The Patient Protection and Affordable Care Act (PPACA) extended the limiting age for dependent children (medical only) to when the dependent turns age 26. Marital status, financial dependency, or student status are no longer applicable. Consequently, you cannot remove a dependent child from coverage due to marriage, or initial employment, unless the child gains other group insurance and enrolls in it. Moving out of the employee's home and losing financial dependency on the parent are not QEs that would permit the dependent's coverage to be canceled.

### **Loss of Eligibility – Adult Children Age 26+ to 30 (Medical Only)**

- Marriage/Domestic Partnership
- Acquiring dependent children
- Becoming eligible for group medical coverage
- Relocating outside of Florida (unless FT/PT student)
- Entering Military Service